

FLEXIBLE FUNDS AUTHORIZATION REQUEST FORM

Name of Child _____
Parents/Guardian _____

Date of Request _____
Total Request _____
Date/Time Needed: _____

Service Coordinator _____
Phone Number _____

Make Check Payable to: _____

Address: _____

PURPOSE OF FLEX FUND REQUEST: _____

List what specific resources have been exhausted prior to this request: _____

What specific steps have been taken to access sponsorships from community, free services, family member support, etc.? _____

What is the plan to prevent the need for funds on an ongoing basis? _____

Specify arrangements made for the family to pay back through a payment/service plan?

Payment amount: _____ Service/Goods: _____

Payment due dates: _____ Dates of Service: _____

Full payment goal date: _____ End of Service: _____

If pay back arrangements were not made, why not? _____

Agency/Organization Director or designee Date **Approved** _____ **Denied** _____

Agency/Organization Director or designee Date **Approved** _____ **Denied** _____

If denied, explain: _____

